TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
	504009		B. WING_			1/2016	
PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE			
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(EACH DEFICIENCY	MUST BE PRECEDED BY	FULL '	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETE DATE	
INITIAL COMMENT	rs .		L 000 .				
This state licensing Navos on 1/19/2010 RN, BSN and Alex Fire Protection Bure	survey was conducte 3-1/21/2016 by Cathy Giel, REHS. The Was aau conducted the fin	Strauss, shington		required for each deficiency Statement of Deficiencies.  2. Each plan of correction stinclude the following: The regulation number and/number; How the deficiency will be convection; What will be done to prevent and how you will monitor for compliance; and When the correction will be  3. Your PLAN OF CORRECT returned within 10 business date you receive the Statem Deficiencies. Your Plan of Course due on the 2/17/16.  4. Return the original report required signatures to:  Alex Giel, REHS Public Health Advisor 3 Office of Investigations and P.O. Box 47874	listed on the satement must or the tag orrected; ing the treoccurrence continued completed. TION must be days from the ent of correction is with the		
WAC 246-322-035 Procedures: (1) The develop and implen written policies and consistent with this	Policles and licensee shall nent the following procedures chapter and	3	_ 375	RECEIVED FEB 19 2016	Son -	5 5	
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE INITIAL COMMENT STATE LICENSING This state licensing Navos on 1/19/2016 RN, BSN and Alex Fire Protection Bure safety survey on 1/2 ASE #CFDD11  322-035.10 POLICE WAC 246-322-035 Procedures: (1) The develop and implem written policies and consistent with this	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMAL INITIAL COMMENTS  STATE LICENSING SURVEY  This state licensing survey was conducted Navos on 1/19/2016-1/21/2016 by Cathy RN, BSN and Alex Giel, REHS. The Was Fire Protection Bureau conducted the first safety survey on 1/19/2016.  ASE #CFDD11	PROVIDER OR SUPPLIER  STREET ADDR 2600 SOUT SEATTLE, N  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  STATE LICENSING SURVEY  This state licensing survey was conducted at Navos on 1/19/2016-1/21/2016 by Cathy Strauss, RN, BSN and Alex Giel, REHS. The Washington Fire Protection Bureau conducted the fire life safety survey on 1/19/2016.  ASE #CFDD11  322-035.10 POLICIES-HOUSEKEEPING  WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written, policies and procedures consistent with this chapter and	PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, 2600 SOUTHWEST H SEATTLE, WA 98128  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  INITIAL COMMENTS  STATE LICENSING SURVEY  This state licensing survey was conducted at Navos on 1/19/2016-1/21/2016 by Cathy Strauss, RN, BSN and Alex Giel, REHS. The Washington Fire Protection Bureau conducted the fire life safety survey on 1/19/2016.  ASE #CFDD11  322-035.10 POLICIES-HOUSEKEEPING  WAC 246-322-035 Policies and Procedures: (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and	DENTIFICATION NUMBER:   A BUILDING   B. WING	SOURCECTION    SOURCE   SOURCE   STREET ADDRESS, CITY, STATE, ZP CODE   SUMMARY STATEMENT OF DEFICIENCIES   SUMMARY STATEMENT OF DEFICIENCY   SEATTLE, WAS 98128      SUMMARY STATEMENT OF DEFICIENCIES   SUMMARY STATEMENT OF DEFICIENCY   SEATTLE, WAS 98128     PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-MEFERENCED TO THE APPROPRIATE   CARCINO SHOULD BE CROSS-MEFERENCED TO HIS APPROPRIATE   CARCINO SHOULD BE CROSS-MEFERENCED TO HIS APPROPRIATE   CARCINO SHOULD BE CROSS-MEFERENCED TO HIS APPROPRIATE   CARCINO SHOULD BE CROSS-MEFERENCED TO THE APPROPRIATE   CARCINO SHOULD BE CROSS-MEFERENCED TO HIS APP	

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

TOTAL

STATE FORM

CFDD11

If continuation sheet 1 of 9

Approved

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		504009		B. WING		01/2	1/2016	
NAME OF F	PROVIDER OR SUPPLIER	_	i e		STATE, ZIP CODE			
NAVOS				THWEST H , WA 98126	· · · · · · · · · · · · · · · · · ·			
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L 375	Continued From Pa	ige 1		L 375		•		
	Based on observation and procedures, the policy and procedure practices for environ Findings:  1. Per review of poli "Housekeeping Supeffective 3/18/2011, Services" paragraph Housekeeping Supe Control Inspection widentify Infection Control Contro	met as evidenced by on, review of hospital failed to de hospital failed to de es to include infectionmental services.  The evision/Contract Over under the heading "In B(1) states, "The evisor does routine levalkthroughs of each introl problems." Under the track identices.  The evision of the exchange	al's policies evelop on control  ed versight", Inpatient officor to der this tify  1 12:00 g staff ont rooms, on. The					
	touch surface areas, bathroom entry curts policy, the surveyor mentioned above in did not include disinfareas.	ains). When asked to was given the policy addition to a "Task L	see a				·	
L 520	322-050.2 JOB DES	CRIPTIONS		L 520				
	WAC 246-322-050 S shall: (2) Develop an written job description administrator and ea position;	nd maintain a on for the			·			
					·			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATE FORM CFDD11 If continuation sheet 2 of 9

STATEMENT AND PLAN O	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		504009		B. WING_	·	01/2	1/2016	
NAME OF P	ROVIDER OR SUPPLIER		2600 SOU	ORESS, CITY, THWEST H , WA 98126				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF O (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
L 520	Based on observation members personne hospital failed to enand responsibilities job descriptions for reviewed (Staff Member #7).  1. On 1/20/2016 at observed a License Member #7) pass mon the second floor.  2. On 1/20/2016 at hospital's human remember #5) reviewed Review of Staff Member #5) reviewed a job description did not in responsibilities for demedications to inpate 3. On 1/20/2016 at	met as evidenced by on, review of hospital files and interview, sure patient care stawere reflected in ho 1 of 6 personnel filenber #7).  7:30 AM, Surveyor of the hospital.  2:00 PM, on interview the hospitals human results human results human results and practical nurse maker #5) confirmed to censed practical nurse hospitals human results huma	al staff the aff training spital staff es #1 taff al patients le oractical job jor sic ew esource the job	L 520	DEFICIENCY	1		
L DOD	WAC 246-322-050 shall: (5) Assure all care staff including transporting patients patient activities, ex staff whose professi exceeds first-respon	Staff. The licensee patient- those s and supervising cept licensed ional training		. 939				

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

If continuation sheet 3 of 9 CFDD11 STATE FORM 021199

F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 '			(X3) DATE SURVEY COMPLETED	
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Current cardiopulm cards from instructo the American Red C Association, United Mines, or Washingtof labor and industrict This RULE: is not r 0535 CPR Card  Based on observationand interview, the heevidence of current cards (CPR) for hos	onary resuscitation ors certified by Cross, American Hea States Bureau of on state department ies; net as evidenced by on, personnel record ospital failed to provicardiopulmonary respital staff in 1 of 6 personnel of 6 personnel staff in 1 of 6 personn	review, de " suscitation					
On 1/20/2016 at hospital's human remember #5) reviewed hospital staff and for a. The 3rd floor Inparent.	sources manager (S ed personnel files for und the following: atlent Nurse Manage	taff. 6 r's (Staff					
WAC 246-322-120 if The licensee shall: ( and clean environment staff and visitors; This RULE: is not in Based on observation hospital failed to profailed to ensure pati	Physical Environment  1) Provide a safe ent for patients, net as evidenced by: on, and documentation care units were t	on the	L 780				
	Continued From Pawithin thirty days of Current cardiopulm cards from instructous the American Red Cassociation, United Mines, or Washingtof labor and industricting Rule: is not roughly of labor and interview, the heavidence of current cards (CPR) for hos files reviewed (Staff Findings:  1. On 1/20/2016 at hospital's human remember #5) reviewed hospital staff and for a. The 3rd floor Inpamember #4) CPR cassociation and clean environmental staff and visitors; The Ilicensee shall: (and clean environmental staff and visitors; This Rule: is not no Based on observation hospital failed to profailed to ensure paticleaned and free of	PROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMAL Continued From Page 3  Within thirty days of employment: (a) Current cardiopulmonary resuscitation cards from instructors certified by the American Red Cross, American Heat Association, United States Bureau of Mines, or Washington state department of labor and industries; This RULE: is not met as evidenced by 0535 CPR Card  Based on observation, personnel record and interview, the hospital failed to provievidence of current cardiopulmonary rescards (CPR) for hospital staff in 1 of 6 pt files reviewed (Staff Member #4).  Findings:  1. On 1/20/2016 at 2:30 PM, Surveyor # hospital's human resources manager (Smember #5) reviewed personnel files for hospital staff and found the following:  a. The 3rd floor Inpatient Nurse Manage Member #4) CPR card expired on 10/20  322-120.1 SAFE ENVIRONMENT  WAC 246-322-120 Physical Environment The Ilcense shall: (1) Provide a safe and clean environment for patients, staff and visitors; This RULE: is not met as evidenced by: Based on observation, and documentationspital failed to provide cleanable surfafailed to ensure patient care units were to cleaned and free of dirt and debris.	PROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From Page 3  within thirty days of employment: (a) Current cardiopulmonary resuscitation cards from instructors certified by the American Red Cross, American Heart Association, United States Bureau of Mines, or Washington state department of labor and industries; This RULE: is not met as evidenced by: 0535 CPR Card  Based on observation, personnel record review, and interview, the hospital failed to provide "evidence of current cardiopulmonary resuscitation cards (CPR) for hospital staff in 1 of 6 personnel files reviewed (Staff Member #4).  Findings:  1. On 1/20/2016 at 2:30 PM, Surveyor #1 and hospital's human resources manager (Staff member #5) reviewed personnel files for 6 hospital staff and found the following: a. The 3rd floor Inpatient Nurse Manager's (Staff Member #4) CPR card expired on 10/2015.  322-120.1 SAFE ENVIRONMENT  WAC 246-322-120 Physical Environment. The licensee shall: (1) Provide a safe and clean environment for patients, staff and visitors; This RULE: is not met as evidenced by: Based on observation, and documentation the hospital failed to provide cleanable surfaces and failed to ensure patient care units were thoroughly cleaned and free of dirt and debris.	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From Page 3  Within thirty days of employment: (a) Current cardiopulmonary resuscitation cards from instructors certified by the American Red Cross, American Heart Association, United States Bureau of Mines, or Washington state department of labor and industries; This RULE: is not met as evidenced by: 0535 CPR Card  Based on observation, personnel record review, and interview, the hospital failed to provide "evidence of current cardiopulmonary resuscitation cards (CPR) for hospital staff in 1 of 6 personnel files reviewed (Staff Member #4).  Findings:  1. On 1/20/2016 at 2:30 PM, Surveyor #1 and hospital's human resources manager (Staff member #5) reviewed personnel files for 6 hospital staff and found the following:  a. The 3rd floor inpatient Nurse Manager's (Staff Member #4) CPR card expired on 10/2015.  322-120.1 SAFE ENVIRONMENT  WAC 246-322-120 Physical Environment. The Ilcensee shalt: (1) Provide a safe and clean environment for patients, staff and visitors; This RULE: is not met as evidenced by: Based on observation, and documentation the hospital failed to provide cleanable surfaces and failed to ensure patient care units were thoroughly cleaned and free of dirt and debris.	PROVIDER OR SUPPLIER    STREET ADDRESS, CITY, STATE, ZIP CODE 2600 SOUTHWEST HOLDEN SEATTLE, WA 981-26	PROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From Page 3  Within thirty days of employment: (a)  Current cardiopulmonary resuscitation cards from instructors certified by the American Red Cross, American Heart Association, United States Bureau of Mines, or Washington state department of labor and industries; This RULE: is not met as evidenced by: 0535 CPR Card  Based on observation, personnel record review, and interview, the hospital failed to provide "evidence of current cardiopulmonary resuscitation cards (CPR) for hospital staff in 1 of 6 personnel files reviewed (Staff Member #4).  Findings:  1. On 1/20/2016 at 2:30 PM, Surveyor #1 and hospital's human resources manager (Staff Member #4) CPR card expired on 10/2015.  322-120.1 SAFE ENVIRONMENT  WAC 246-322-120 Physical Environment. The licensee shall: (1) Provide a safe and clean environment for patients, staff and visitors; This RULE: is not met as evidenced by: Based on observation, and documentation the hospital failed to provide cleanable surfaces and failed to ensure patient care units were thoroughly cleaned and free of drit and debris.	

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATE FORM CFDD11 If continuation sheet 4 of 9

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, 2P CODE  2809 SOUTHWEST HOUDEN  SEATTLE, WA 98128  SUMMARY STATEMENT OF DEFICIENCIES  SEATTLE, WA 98128  SEATTLE, WA 98128  SEATTLE, WA 98128  CROSS-REFERENCE TO THE PRECEDED BY PULL  PREFEX  TAG  COntinued From Page 4  1. In review of the hospital's cleaning schedule for environmental services titled, "NAVOS M.H.S.  TAS/ DESCRIPTION" under subtile, "patient rooms, group trestment, iterative, exam, nurses station, and utility area," it specifies that the following tasks will be completed on a daily basis:  a. Empty all waste paper and recycling receptacles, reline and wipe down if necessary  b. Dust all Horizontal Surfaces and Fixtures, including desktops and window ledges  c. Damp mop all hard floor surfaces, including elevators  d. Remove smudges and lingerprints from glass partitions and windows  a. Clean discharged moms patient rooms as needed. Strip and make beds at this time  f. Wash/Wipe down walls as needed to remove spots  g. Clean chairs as needed  h. Spot clean walls  i. Clean and sanitize telephones daily or weekly depending on phone location  2. On 1/19/2016 between the hours of 10:30 AM and 11:30 AM observed severe dust build up in the following areas:  a. intake vents on the 2nd floor bathroom, shower and laundry room  b. Air conditioning vents and filters in patient room #220  addictances are cited, en approved plan of concetion is requisite to continued program participation.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1, ,	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
RAVOS  SEATTLE, WA 38128  SEATTLE, WA 38128  SEATTLE, WA 38128  FOOVDERS FLAN OF CORRECTION FREEDLATORY OR LSC INSTITUTION OF DEPOSITIONS REGULATORY OR LSC INSTITUTION INFORMATION)  L 780  Continued From Page 4  1. In review of the hospital's cleaning schedule for environmental services titled, "NAVOS M.H.S. TASK DESCRIPTION" under subtilit, "patient rooms, group treatment, interview, exam, nurses station, and utility area," it specifies that the following tasks will be completed on a daily basis:  a. Empty all waste paper and recycling recoptacles, reline and wipe down if necessary  b. Dust all Horizontal Surfaces and Fodures, including desktops and window ledges  c. Damp mop all hard floor surfaces, including elevators  d. Remove smudges and fingerprints from glass partitions and windows  e. Clean discharged rooms patient rooms as needed. Strip and make beds at this time  f. Wash/Wipe down walls as needed to remove spots  g. Clean chairs as needed  h. Spot clean walls  l. Clear and sanitize telephones daily or weekly depending on phone location  2. On 1/19/2016 between the hours of 10:30 AM and 11:30 AM observed severe dust build up in the following areas:  a. Intake vents on the 2nd floor bathroom, shower and laundry room  b. Air conditioning vents and filters in patient room #220			504009		B. WING_		01/2	1/2016	
FREETY TAG  Continued From Page 4  1. In review of the hospital's cleaning schedule for environmental services titled, "NAVOS M.H.STASK DESCRIPTION" under subtitle, "patient rooms, group treatment, interview, exam, nurses station, and utility area," it specifies that the following tasks will be completed on a dally basis:  a. Empty all waste paper and recycling receptacles, reline and wipe down if necessary  b. Dust all Horizontal Surfaces and Fixtures, including elevators  d. Remove smudges and fingerprints from glass partitions and windows  e. Claan discharged rooms patient rooms as needed. Strip and make beds at this time  f. Wash/Wipe down walls as needed to remove spots  g. Clean chairs as needed  h. Spot clean walls  i. Clean and sanitize telephones daily or weekly depending on phone location  2. On 1/19/2016 between the hours of 10:30 AM and 11:30 AM observed severe dust build up in the following areas:  a. intake vents on the 2nd floor bathroom, shower and laundry room  b. Air conditioning vents and filters in patient room #220		ROVIDER OR SUPPLIER		2600 SOU	THWEST H	•			
1. In review of the hospital's cleaning schedule for environmental services titled, "NAVOS M.H.S TASIX DESCRIPTION" under subtille, "patient rooms, group treatment, interview, exam, nurses station, and utility area," It specifies that the following tasks will be completed on a daily basis:  a. Empty all waste paper and recycling receptacles, reline and wipe down if necessary  b. Dust all Horizontal Surfaces and Fixtures, including desktops and window ledges  c. Damp mop all hard floor surfaces, including elevators  d. Remove smudges and fingerprints from glass partitions and windows  e. Clean discharged rooms patient rooms as needed. Strip and make beds at this time  f. Wash/Wipe down walls as needed to remove spots  g. Clean chairs as needed  h. Spot clean walls  i. Clean and sanitize telephones daily or weekly depending on phone location  2. On 1/19/2016 between the hours of 10:30 AM and 11:30 AM observed severe dust build up in the following areas:  a. intake vents on the 2nd floor bathroom, shower and laundry room  b. Air conditioning vents and filters in patient room %220	PREFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY	'FULL ·	PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	COMPLETE	
environmental services titled, "NAVOS M.H.S TASK DESCRIPTION" under subtitle, "patient rooms, group treatment, interview, exam, nurses station, and utility area," It specifies that the following tasks will be completed on a daily basis:  a. Empty all waste paper and recycling receptacles, reline and wipe down if necessary  b. Dust all Horizontal Surfaces and Fixtures, including desktops and window ledges  c. Damp mop all hard floor surfaces, including elevators  d. Remove smudges and fingerprints from glass partitions and windows  e. Clean discharged rooms patient rooms as needed. Strip and make beds at this time  f. Wash/Wipe down walls as needed to remove spots  g. Clean chairs as needed  h. Spot clean walls  l. Clean and sanitize telephones daily or weekly depending on phone location  2. On 1/19/2016 between the hours of 10:30 AM and 11:30 AM observed severe dust build up in the following areas:  a. intake vents on the 2nd floor bathroom, shower and laundry room  b. Air conditioning vents and filters in patient room #220	L 780	Continued From Pa	age 4		L 780			1	
#220		1. In review of the henvironmental servi TASK DESCRIPTIC rooms, group treatr station, and utility a following tasks will be a. Empty all waste preceptacles, reline as b. Dust all Horizonta including desktops are c. Damp mop all har elevators be devators c. Damp mop all har elevators c. Damp mop all har elevators c. Clean discharged needed. Strip and mospots g. Clean chairs as more clean walls be depending on phonor company of the following areas: a. intake vents on the and laundry room	nospital's cleaning so ices titled, "NAVOS ON" under subtitle, nent, interview, exarrea," It specifies that be completed on a dispaper and recycling and wipe down if nead Surfaces and Fixtuand window ledges and fingerprints from sand fingerprints from ake beds at this time walls as needed to needed  e telephones daily or e location tween the hours of 1 rived severe dust but ne 2nd floor bathroom	M.H.S "patient n, nurses it the ally basis: cessary ures, cluding om glass ns as ne remove  weekly 0:30 AM lid up in m, shower					
		#220				,	<u> </u>		

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STATE FORM

SPECIAL REQUEST 2018-130235 PAGE 155

If continuation sheet 5 of 9

			1, ,		(X3) DATE SURVEY COMPLETED		
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Continued From Pa	age 5		L 780		· · · · · · · · · · · · · · · · · · ·		
and 3:30 PM, after	a daily clean of patie	nt's		·			
a. Room 220 food o backside of door	lebris on the floor an	đ					
		If and on		•			
c. Room 308 holes	in wall in patient's ba	ıthroom					
d. Room 210 holes	in wall in patient's ba	ıthroom ·			•		
e. Room 210 ceiling solled							
and 3:30 PM after a	discharge cleaning	of a					
a. Food debris accu	mulation under the n	nattress					
b. Food debris accurrance and wall	mulation between th	e bed					
c. Mattress torn and	not replaced.	ĺ			-		
322-170.2G SIGNE	D ORDERS		L1075				
Services. (2) The lic provide medical sup treatment, transfer, planning for each pa retained, including to to: (g) Current writte orders signed by a p	ensee shall ervision and and discharge atient admitted or out not limited en policies and ohysician to guide						
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L.  Continued From Pa  3. On 1/19/2016 be and 3:30 PM, after rooms, surveyor #2  a. Room 220 food of backside of door  b. Room 221 food of the backside of the c. Room 308 holes d. Room 210 holes e. Room 210 ceiling 4. On 1/19/2016 be and 3:30 PM after a patient room #210, following: a. Food debris accur b. Food debris accur frame and wall c. Mattress torn and 322-170.2G SIGNE  WAC 246-322-170 Services. (2) The lic provide medical sup treatment, transfer, planning for each pa retained, including to (g) Current writte orders signed by a p	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMAL Continued From Page 5  3. On 1/19/2016 between the hours of 1 and 3:30 PM, after a daily clean of patier rooms, surveyor #2 observed the following:  a. Room 220 food debris on the floor and backside of door  b. Room 221 food debris on patient she the backside of the door  c. Room 308 holes in wall in patient's back. Room 210 holes in wall in patient's back. Room 210 ceiling solled  4. On 1/19/2016 between the hours of 1 and 3:30 PM after a discharge cleaning patient room #210, surveyor #2 observe following:  a. Food debris accumulation under the room #210 debris accumulation between the hours of the patient room #210, surveyor #2 observe following:	PROVIDER OR SUPPLIER  STREET ADD 2600 SOU 2600 S	PROVIDER OR SUPPLIER  SIMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From Page 5  L 780  3. On 1/19/2016 between the hours of 10:30 AM and 3:30 PM, after a daily clean of patient's rooms, surveyor #2 observed the following:  a. Room 220 food debris on the floor and backside of door  b. Room 221 food debris on patient shelf and on the backside of the door  c. Room 308 holes in wall in patient's bathroom  d. Room 210 holes in wall in patient's bathroom  d. Room 210 ceiling solled  4. On 1/19/2016 between the hours of 1:30 PM and 3:30 PM after a discharge cleaning of a patient room #210, surveyor #2 observed the following:  a. Food debris accumulation under the mattress  b. Food debris accumulation between the bed frame and wall  c. Mattress torn and not replaced.  322-170.2G SIGNED ORDERS  WAC 246-322-170 Patient Care Services. (2) The licensee shall provide medical supervision and treatment, transfer, and discharge planning for each patient admitted or retained, including but not limited to: (g) Current written policies and orders signed by a physician to guide	PROVIDER OR SUPPLIER    STREET ADDRESS, CITY, STATE, ZIP CODE 2600 SOUTHWEST HOLDEN SEATTLE, WA 39128   SUMMARY STATEMENT OF DEFICIENCIES SEATTLE, WA 39128	FOORDER ON JUPILER    SUMMARY STATEMENT OF DEFICIENCIES   SUMMARY STATEMENT OF DEFICIENCIES   PROVIDER OR SUPPLIER	

CFDD11 STATE FORM If continuation sheet 6 of 9

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		504009		B. WING_	· .	01/2	1/2016
NAME OF P	ROVIDER OR SUPPLIER		ľ	DRESS, CITY, ITHWEST H	STATE, ZIP CODE	· · · · · · ·	
NAVOS	<u> </u>			, WA 98126			
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	Based on observati record review, the I	not present; met as evidenced by ion, interview, and m nospital failed to enso vere authenticated fo	edical ure that				
	Findings:	-				•	1 1
	and Philosophy on 12/8/2010) read in patient record shall of the following H	icy titled "General Inf Clinical Records" (Re part "Procedure: II. E include prompt entry I. Physicians orders, are authenticated wi en".	ev. ach and filing verbal				
	hospital's Inpatient #2) assessed care to Review of Patient # (EMR) revealed an 10/30/2015 for restriction to review the number of the Review the number of the Review to Review the number of the Review to Review the Review to Review the Review to	2:15 PM, Surveyor a Nurse Manager (Stat to inpatients on the 2 1's electronic medica unsigned order date raint and seclusion. rse manager (Staff Mo patient was in restrain	ff Member Ind floor. al record d During lember				
L1480	322-220.3 MAINTA	IN LAB		L1480			
	The licensee shall: medical test site in a safe, clean, and s condition. This RULE: is not a Based on observation.	the hospital in sanitary met as evidenced by: on the hospital failed onditions in the exam	to	,			
						<del></del>	

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

If continuation sheet 7 of 9 CFDD11 STATE FORM

		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE COMP	
	•	504009		B. WING_	<u> </u>	01/2	1/2016
NAME OF F	ROVIDER OR SUPPLIER		2600 SOU	ORESS, CITY, THWEST H WA 98126			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
L1480	On 1/19/2016 between the hours of 1:30 PM and 3:30 PM surveyor #2 observed in the exam room garbage accumulation on the floor in a cabinet where clean and soiled sharp containers were stored.			L1480			
L1485	Based on observation fully implement the	Food and Dietary see shall: (1) rs 246-215 and I service; net as evidenced by: on the hospital staff i requirements of Chashington State Retail	ailed to	L1485			
	PM, Surveyor #2 ob cut fruit and green s room temperature. \ temperature, Washi requires that the fac	ility must have a poli o ensure that all food of temperature after have a policy or pro- nentation to verify ho	soy milk, counter at eu of Code cy and ds are 4 hours, cedure in				
	Reference: WAC 24 and time control— Tr 3-501.19  2. On 1/20/2016 bet surveyor #2 observe test strips to test the	me as a public healt ween 11:30 AM and ed that the facility did	h.control				

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

If continuation sheet 8 of 9 STATE FORM 021199 CFDD11

STATEMENT AND PLAN O	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION	(X3) DATE S COMPLI	(X3) DATE SURVEY COMPLETED	
		504009		B. WING_		01/21/2016	
	PROVIDER OR SUPPLIER				STATE, ZIP CODE		<u></u>
NAVOS	-			THWEST H			ł
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL,	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OLD BE	(X5) COMPLETE DATE
L1485	Continued From Pa	ige 8		L1485			
	solution in the dieta	ry kitchen area.	N.	,			
	Reference: WAC 248-215-04345 Sanitizing solutions, testing devices (2009) FDA Food Code 4-302.14				·		·
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STATE FORM 021198 CFDD11 If continuation sheet 9 of 9